

Dec. 6, 1985

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>			1. Generator's US EPA ID No. CAX000036483		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address Para Plate 3242 E. Olympic Blvd., Los Angeles, CA 4. Generator's Phone ( 213 ) 268-4281							A. State Manifest Document Number 84881768				
5. Transporter 1 Company Name Omega Chemical Corp.							6. US EPA ID Number CAD042245001		B. State Generator's ID CAX000036483		
7. Transporter 2 Company Name							8. US EPA ID Number		C. State Transporter's ID CAD042245001		
9. Designated Facility Name and Site Address Omega Chemical Corp. 12504 E. Whittier Blvd. Whittier, CA 90602							10. US EPA ID Number CAD042245001		D. State Facility's ID 213/698-0991		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. Waste ORM-A N.O.S. (Flexosolvent) ORM-A NA 1693						No. Type 002 DM		390		G 211	
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above * PERCHLORETHYLENE * BUTANOL * PHOTOPOLYMER							K. Handling Codes for Wastes Listed Above R01				
15. Special Handling Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.											
Printed/Typed Name MAX STEVANUS							Signature [Signature]			Date Month Day Year 12/12/85	
17. Transporter 1 Acknowledgement of Receipt of Materials							Printed/Typed Name ISAAC Woods Jr			Signature [Signature]	
							Date Month Day Year 12/12/85				
18. Transporter 2 Acknowledgement of Receipt of Materials							Printed/Typed Name			Signature	
							Date Month Day Year				
19. Discrepancy Indication Space RECEIVED 70.1 GALS.											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name STEVEN SIMPSON							Signature [Signature]			Date Month Day Year 12/12/85	